

9. BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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9.1. PURPOSE

The purpose of the Bloodborne Pathogens Exposure Control Plan is to reduce the first aid/ cardiopulmonary resuscitation (CPR) responder's risk of infection by minimizing or eliminating occupational exposure to blood and other potentially infectious materials (OPIM) in accordance with the provisions of OSHA 29CFR1910.1030, Bloodborne Pathogens.

9.1.1. Review of Plan

- a. This plan shall be reviewed and updated at least annually, or whenever necessary, to reflect:

1. new or modified tasks and procedures that affect occupational exposure, and
 2. changes in technology that eliminate or reduce occupational exposure.
- b. The review must document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize exposure.
 - c. This plan shall be made available to the Assistant Secretary of Labor for OSHA and the Director of NIOSH or their designated representatives upon request.

9.2. EXPOSURE CONTROL

In developing this exposure control plan, MOC evaluated work tasks associated with MOC activities to determine which tasks could reasonably be anticipated to result in exposure to bloodborne pathogens. In this process, MOC solicited input from non-managerial employees who are potentially exposed to bloodborne pathogens in the identification, evaluation, and selection of effective engineering and work practice controls.

9.2.1. Categorical Distinctions

MOC uses the following occupational exposure categories to determine levels of potential exposure.

9.2.1.1. Category I Classifications

Category I – Tasks that generally do not involve exposure to blood, body fluids, or tissues, even though employment may require performing planned or unplanned exposure to blood or bodily fluids. The normal work routine involves no exposure to blood, body fluids, or tissues, but exposure may be required as a condition of employment.

All employees who have attended the U.S. Department of Transportation (DOT) First Responder course, American Red Cross (ARC) or American Heart Association (AHA) or equivalent First Aid courses, ARC or AHA Cardiopulmonary Resuscitation (CPR) or equivalent courses are considered to be Category I.

Category I Employees:

- a. Emergency Response Team (ERT) members
- b. Boat operators,
- c. Employees working at remote locations:
 1. Texas 22 Pipeline
 2. Lake Charles Meter Station,
 3. West Hackberry Raw Water Intake Structure (RWIS),
 4. Big Hill Raw Water Intake Structure (RWIS),
 5. Personnel performing off-site Pipeline Maintenance,
 6. BC Brine Disposal Wells
- d. Electrical (I&E),
- e. Instrumentation and control (I&C) technicians,
- f. Site Safety specialists,
- g. Protective Force.

9.2.1.2. Category II Classifications

Category II – Tasks that do not require personal protective equipment (PPE) and include normal work routines with no exposure to blood, body fluids, or tissues (although situations can be imagined

or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Category II employees trained in CPR/AED that are non-ERT shall only use “hands-only” techniques.

All Remaining employees not classified in Category I are considered to be Category II. Examples of these employees include:

- a. Field Operations,
- b. Maintenance personnel,
- c. Office personnel.

9.2.1.3. Tasks Involving Potential Exposure

First aid/CPR tasks that involve potential occupational exposure to blood or OPIM include, but are not limited to:

- a. Controlling patient bleeding,
- b. Performing CPR,
- c. Performing rescue breathing,
- d. Performing first aid for burns, bites, and stings, and assisting choking victims,
- e. Treatment for seizures and eye injuries.
- f. Routine housekeeping of restrooms and trash

NOTE

Personnel that are non-ERT shall perform “hands-only” CPR to prevent exposure to blood or OPIM.

9.3. METHODS OF COMPLIANCE

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered other potentially infectious materials (OPIM) or possible bloodborne pathogens and universal precautions shall be used.

9.3.1. Trauma Bags (ERT/Proforce)

Medical trauma bags are located in each Security vehicle (except Elmwood Complex security vehicles and K9 vehicles), the fire truck, in the First Aid Room, in the entry portal and one each in the 850 and 900 buildings. Each medical trauma bag shall be equipped with the following minimum personal protective equipment:

- a. Ten pairs of nitrile surgical-type gloves,
- b. One chemical splash goggle,
- c. One mouth-to-mouth CPR barrier,
- d. Three antiseptic towelettes,
- e. One red "Biohazard" disposable bag.

9.3.2. Engineering and Work Practice Controls

Engineering and work practice controls are used to eliminate or minimize employee exposure. Engineering controls are examined and maintained or replaced on a regular schedule to ensure their effectiveness. Where occupational exposure remains after instituting these controls, personal protective equipment must be used.

In addition, MOC protects their employees from the hazards of bloodborne pathogens through the use of universal precautions, work practice controls, adequate housekeeping, and safe, proper handling of regulated waste. These controls include the following:

- a. MOC provides hand-washing facilities that are readily accessible to employees. When hand-washing facilities are not feasible, either an antiseptic hand cleanser with clean cloth/paper towels or antiseptic towelettes will be provided. When antiseptic hand cleansers or towelettes are used, hands should be washed with soap and running water as soon as feasible. Employees shall wash their hands immediately or as soon as feasible after removal of gloves and/or other personal protective equipment (PPE).
- b. Employees shall wash hands and any other exposed skin with soap and water, or flush mucous membranes with water immediately, or as soon as feasible, following contact with blood or other potentially infectious materials (OPIM).
- c. Contaminated needles or other sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited. Each site must have a sharps disposal box.
- d. Surgical gloves, bandages, or other personal protective equipment that come in contact with blood or body fluid must be placed in a red "Biohazard" bag for disposal; a bag is included in each trauma kit.
- e. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- f. Blood or other potentially infectious materials shall not be kept in refrigerators or freezers, and food and drink shall not be kept on countertops or bench tops where blood or other potentially infectious materials are present.
- g. All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- h. Specimens of blood or other potentially infectious materials must be placed in a leak-proof container during collection, handling, processing, storage, transport, or shipping. The container for storage, transport, or shipping will be properly labeled or color-coded as specified in this plan.
- i. If outside contamination of the primary container occurs, the primary container will be placed within a second container that prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded as specified in this plan.
- j. If the specimen could puncture the primary container, the primary container will be placed within a secondary container that is puncture-resistant and properly labeled or color-coded as specified in this plan.
- k. Equipment that may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping, and it will be decontaminated as necessary. A readily observable label will be attached to the equipment indicating the potential for remaining contamination. MOC will convey this information to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, and prior to handling, servicing, or shipping the equipment so appropriate precautions can be taken.
- l. At the storage sites, first aid/CPR responders will use 5.25 percent sodium hypochlorite (household bleach) diluted to 1:10 with water to clean and decontaminate equipment, environmental areas, and working surfaces that have come in contact with blood or other contaminants. In New Orleans, a cleaning contractor cleans contaminated areas.

9.4. PERSONAL PROTECTIVE EQUIPMENT FOR OCCUPATIONAL EXPOSURE

9.4.1. Procedures

When there is an occupational exposure, MOC provides appropriate personal protective equipment (PPE) such as, but not limited to, gloves, face shields or masks, eye protection, resuscitation bags, pocket masks, or other ventilation devices. Each Security Police Officer also carries a bloodborne exposure prevention kit. PPE for bloodborne pathogens will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment is used.

- a. Employees shall use appropriate personal protective equipment unless MOC shows that the employee temporarily and briefly declined to use personal protective equipment; this may happen only under rare and extraordinary circumstances, such as when the employee's professional judgment regarding a specific situation is that use of PPE would prevent the delivery of health care or public safety services or would pose an increased safety hazard to the worker or co-workers. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- b. Surgical gloves and eye protection will be worn when treating any personal injury or emergency to provide an additional barrier to blood and body fluids.
- c. MOC ensures that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to the employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are readily accessible to those employees who are allergic to the gloves normally provided.

NOTE

Any garment penetrated by blood or other infectious material will be removed as soon as possible. All PPE must be removed prior to leaving the site. Once removed, PPE will be placed in an appropriate place for storage, laundry, or repair. Disposable gloves must not be washed or reused.

9.4.2. Types of PPE for Exposure Prevention

MOC cleans, launders, and disposes of PPE as required and outlined in this chapter. MOC also repairs or replaces PPE as needed.

- a. Masks, Eye Protection, and Face Shields: Masks in combination with other eye protection, such as goggles or glasses with side-shield or face shields, shall be worn whenever splashes spatter, or droplets of blood or other potentially infectious material may be generated and eye, nose, or mouth contamination could reasonably be expected.
- b. Gowns, Aprons, and Other Protective Body Clothing: Appropriate protective clothing shall be worn in occupational exposure situations. The type of clothing will be determined by the potential for exposure.
- c. CPR Barriers: To protect the CPR rescuer from cross-contamination with the victim's fluid, mouth-to-mouth CPR barriers will be used.

9.5. HOUSEKEEPING

- a. MOC shall ensure that the worksite is maintained in a clean and sanitary condition by implementing a schedule for cleaning based upon the use of the facilities.
- b. All equipment and environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- c. Contaminated work surfaces will be cleaned and decontaminated with an appropriate disinfectant after any spill of blood or other potentially infectious materials as soon as possible following the event.
- d. Broken glassware which may be contaminated must not be picked up directly with the hands. It will be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

9.6. REGULATED WASTE

9.6.1. Contaminated Needles Discarding and Containment

- a. Contaminated needles shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak-proof on sides and bottom, and labeled or color-coded to indicate contents.
- b. During use, containers for contaminated needles shall be easily accessible to personnel and located as close as is feasible to the immediate area where needles are used or can be reasonably anticipated to be found.
- c. Sharps containers shall be maintained upright throughout use, replaced routinely, and not be allowed to overfill.
- d. When moving containers of contaminated sharps from the area of use, the containers will be closed immediately prior to removal or replacement and placed in a secondary container if leakage is possible. The second container will be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; it will be labeled or color-coded in accordance with OSHA 1910.1030.
- e. Reusable containers will not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of sharps injury.

9.6.2. Other Regulated Waste Containment

- a. Regulated waste shall be placed in containers that are closable and labeled or color-coded. Biohazard bags are available at each site and a contractor provides appropriate packaging for disposal upon call-out.
- b. Containers shall be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- c. If outside contamination of the regulated waste container occurs, it must be placed in a second container. The second container must be:
 - 1. closable,
 - 2. constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping,
 - 3. labeled or color-coded as required by 29 CFR 1910.1030(g)(1), and
 - 4. closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

- d. Disposal of all regulated waste will be in accordance with applicable regulations of the United States, individual States and Territories, and political subdivisions within States and Territories.

9.6.3. Laundry

- a. Contaminated laundry will be handled as little as possible and must be cleaned by a facility that follows Universal Precautions. It will be bagged or containerized at the location where it was used, and it will not be sorted or rinsed in the location of use.
- b. Contaminated laundry will be placed and transported in bags or containers labeled or color-coded in a way that permits all employees to recognize the containers as requiring compliance with Universal Precautions.
- c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry will be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior.
- d. MOC shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate PPE.
- e. MOC will place the contaminated laundry in bags or containers that are labeled or color-coded.

9.7. HEPATITIS B VACCINATION AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

9.7.1. Hepatitis B Vaccination General Information

- a. MOC shall make available the hepatitis B vaccine and vaccination series to all employees who have the potential for occupational exposure. MOC will also offer post-exposure evaluation and follow-up to all employees who have experienced an exposure incident.
- b. MOC will ensure that all medical evaluations are:
 - 1. conducted at an accredited laboratory,
 - 2. made available to the employee at no cost and at a reasonable time and place,
 - 3. performed by or under the supervision of a licensed physician or other licensed healthcare professional, and
 - 4. provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

NOTE

This includes the hepatitis B vaccine and vaccine series, as well as post-exposure evaluation and follow-up, including prophylaxis.

- c. The hepatitis B vaccination will be made available after the employee has received required training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
- d. MOC shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
- e. If the employee initially declines the hepatitis B vaccination but, while still covered under the standard, decides to accept the vaccination at a later date, MOC will make the hepatitis B vaccination available at that time.

- f. MOC requires that employees who decline the hepatitis B vaccination offered by MOC sign the hepatitis vaccination declination statement. Declination does not have to be made each year and is in place until and unless the employee decides to accept the vaccination, however the vaccination will be made available to them each year during refresher training.
- g. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available.

9.7.2. Post-Exposure Evaluation and Follow-up

- a. The first aid/CPR responder will report any first aid incident involving the presence of blood or other bodily fluid, which they may have been exposed to, immediately to the control room and his or her supervisor.
- b. Following a report of an exposure incident, MOC will immediately make available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:
 - 1. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred,
 - 2. Identification and documentation of the source individual, unless MOC can establish that identification is infeasible or prohibited by state or local law,
 - 3. The source individual's blood shall be tested as soon as feasible and, after consent is obtained, in order to determine HBV and HIV infectivity.
 - a) If consent is not obtained, MOC shall establish that legally required consent cannot be obtained.
 - b) When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented.
 - 4. When the source individual is already known to be infected with HBV or HIV, testing need not be repeated.
- c. Results of the source individual's testing will be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- d. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
- e. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

9.7.3. Post-Exposure Prophylaxis, Counseling; and Evaluation of Reported Illnesses

- a. Information Provided to the Healthcare Professional responsible for the employee's hepatitis B vaccination:
 - 1. A copy of 29 CFR 1910.1030.
 - 2. A description of the exposed employee's duties as they relate to the exposure incident.
 - 3. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - 4. Results of the source individual's blood testing, if available.
 - 5. All medical records relevant to the appropriate treatment of the employee (including vaccination status), which are MOC's responsibility to maintain.
- b. Healthcare Professional's Written Opinion

1. MOC shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
2. The healthcare professional's written opinion for hepatitis B vaccination will be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
3. The healthcare professional's written opinion for post-exposure evaluation and follow-up will be limited to the following information:
 - a) the employee has been informed of the results of the evaluation and
 - b) the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report.

9.8. MEDICAL RECORDKEEPING

9.8.1. Medical Records

- a. Medical records will be established for each first aid/CPR responder exposure incident. The record will include:
 1. the name and of the employee,
 2. a copy of the employee's hepatitis B vaccination status, including dates of all hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccination,
 3. a copy of all results of examinations, medical testing, follow-up procedures, the healthcare professional's written opinion, and a copy of the information provided to the healthcare professional, and
 4. a copy of the declination form.
- b. Human Capital will keep the medical record confidential and will not disclose or report the results without the employee's express written consent to any person within or outside the workplace.

9.9. HAZARD COMMUNICATION FOR EXPOSURE HAZARDS

9.9.1. Labels

- a. Warning labels will be affixed to containers of regulated waste containing blood or other potentially infectious material, as well as to other containers used to store, transport, or ship blood or other potentially infectious materials.
- b. Labels required by this section must include a biohazard emblem.
- c. Labels shall be fluorescent orange or orange-red or predominantly so, with lettering.
- d. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- e. Red bags or red containers may be substituted for labels. MOC makes these available at each site.
- f. Labels required for contaminated equipment shall also state which portions of the equipment remain contaminated.
- g. Regulated waste that has been decontaminated need not be labeled or color-coded.

9.10. INFORMATION AND TRAINING

9.10.1. Information

Information covering the following topics will be given annually to first aid/CPR responders:

- a. The OSHA Standard for Bloodborne Pathogens, 1910.1030.
- b. Explanation on the modes of transmission and symptoms for bloodborne diseases.
- c. The Bloodborne Pathogen Exposure Control Plans and their location.
- d. Procedures that might cause exposure to blood or OPIM.
- e. Control methods.
- f. PPE requirements and the basis of selection of the PPE.
- g. Explanation of the hepatitis B vaccine and post-exposure follow-up programs.

9.10.2. Training

- a. Each Category I employee with the potential for occupational exposure shall be trained in accordance with the requirements of this section. Training shall be provided at no cost to the employee and during working hours.
- b. Training will be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.
- c. Annual training for all employees shall be provided within one year of their previous training.
- d. Additional training will be provided when changes (such as modification of tasks or procedures, or institution of new tasks or procedures) affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
- e. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
- f. The training program shall contain at a minimum the following elements:
 1. An accessible copy of the regulatory text of the OSHA Standard for Bloodborne Pathogens, 1910.1030, and an explanation of its contents.
 2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
 3. An explanation of the modes of transmission of bloodborne pathogens.
 4. An explanation of MOC exposure control plan and the means by which the employee can obtain a copy of the written plan.
 5. An explanation of the methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
 6. An explanation of the use and limitations of methods used to prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment.
 7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
 8. An explanation of the basis for selection of personal protective equipment.
 9. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, that the vaccine and vaccination will be offered free of charge, and that if an employee initially declines the vaccination, he can at any time request it.
 10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

12. Information on the post-exposure evaluation and follow-up that MOC is required to provide for the employee following an exposure incident.
 13. An explanation of the required signs and labels and/or color coding.
 14. An opportunity for interactive questions and answers with the person conducting the training session.
- g. The person conducting the training will be knowledgeable in the subject matter covered by training program as it relates to the specific workplace.

9.10.3. Training Records

- a. Training records will include the following information:
 1. dates of the training sessions,
 2. contents or a summary of the training sessions,
 3. names and qualifications of persons conducting the training, and
 4. names and job titles of all persons attending the training sessions.
- b. Training records will be maintained for 3 years from the date training occurred.

9.11. RECORD AVAILABILITY

MOC will ensure that all records required to be maintained are available upon request to the Assistant Secretary and the Director for examination and copying. Employee training records shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary. Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary.

9.12. TRANSFER OF RECORDS

MOC shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

9.13. FIRST AID INJURY AND BLOODBORNE PATHOGENS EXPOSURE INCIDENT LOG

MOC will establish and maintain a First Aid Injury and Bloodborne Pathogens Exposure Incident Log, located in SharePoint, (OSF91-0013) for recording injuries from contaminated sharps. This information will be recorded in a way that protects the confidentiality of the injured employee, and will include at minimum:

- a. the type and brand of device involved in the incident,
- b. the department or work area where the exposure incident occurred, and
- c. an explanation of how the incident occurred.

The log must be maintained for five (5) years from the year that the log covers.

9.14. TABLES: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

TABLE 9.1. BLOODBORNE PATHOGENS RESPONSIBILITIES	
Position or Department	Responsibility
Site Director	<ul style="list-style-type: none"> a. Determine if an exposure incident occurred for each first aid/CPR incident involving blood or OPIM. Send documentation to the Safety Department. b. Ensure the site Worker's Compensation representative maintains a worker's compensation file for each exposure incident. c. Maintain the First Aid Injury and Bloodborne Pathogens Exposure Incident Log. Document exposure incidents on the Supervisor's Report of Injury/Illness, Unplanned Employee Exposure, or Near Miss, and the DOE 5484.3 Individual Accident/Incident Report. d. Ensure that all employees, whether or not they are covered by the bloodborne pathogens standard, record all work-related needle sticks and cuts from sharp objects contaminated with another person's blood or OPIM on the 300 Log as an injury.
Operations	<ul style="list-style-type: none"> a. Maintain PPE inventory listed in 9.3.1.a-e for each first aid kit. b. Modify operations requirement cards for first aid kits to ensure PPE is stored in or near each first aid kit and PPE is replaced as necessary for each first aid kit. c. Maintain a supply of 1-gallon containers of household bleach.
Supervisors	<ul style="list-style-type: none"> a. Ensure that employees are aware of the location of the plan and provide a hard copy if requested within 15 working days. b. Notify Site Safety Specialist of reported exposures. c. Provide Supervisor's First Report of Injury/Incident for your employees as needed.
Category I First Aid/CPR Responders	<ul style="list-style-type: none"> a. Attend Bloodborne Pathogens training course annually. b. Accept or decline hepatitis B vaccination. If an individual declines, the hepatitis B Vaccination Declination form must be signed. The form need only be signed once and the employee may elect at any time to rescind declination and receive the vaccine. c. Use PPE and practice universal precautions when providing treatment for a personal injury or emergency. d. Disinfect and clean equipment and surfaces as necessary using a 10 percent household bleach solution. e. Place contaminated gloves, bandages, and similar items in biohazard infectious waste containers. f. Notify your supervisor following an exposure incident involving blood or OPIM as soon as possible after exposure.
Site Safety Specialist	<ul style="list-style-type: none"> a. Serve as a technical resource for PPE and work practices/ universal precautions. b. Conduct Bloodborne Pathogens training sessions annually. c. Investigate first aid/CPR responder's exposure incidents. d. Assist site management in determining if an exposure incident occurred for each first aid/CPR incident involving blood or OPIM. e. Following an exposure incident, determine if the first aid/CPR responder has received the hepatitis B vaccination series. If the responder declined, reoffer the hepatitis B vaccination series. Send

TABLE 9.1. BLOODBORNE PATHOGENS RESPONSIBILITIES

Position or Department	Responsibility
	<p>hepatitis B vaccination declination forms to Site Medical Services Focal Point.</p> <p>f. Following an exposure incident, determine OSHA 300 recordability and ensure section 20 of the 5484.3 form is annotated to reflect the exposure.</p> <p>g. Ensure the disposal waste subcontractor is made aware of any infectious wastes to be picked up (for example, contaminated gloves, bandages, or disposable PPE) at the sites.</p> <p>h. Provide training on Bloodborne Pathogens upon request.</p> <p>i. Maintain the First Aid Injury and Bloodborne Pathogens Exposure Incident Log. Records for the last 5 years will be retained on site. Older records will be forwarded to New Orleans for retention.</p>
Site Training Coordinator	a. Coordinate locations and times for training sessions
New Orleans Safety	<p>a. Review and update as necessary the course package and material for Bloodborne Pathogens.</p> <p>b. Annually review and update as necessary the Bloodborne Pathogen Exposure Control Plan.</p> <p>c. Serve as a technical resource for PPE and work practices/ universal precautions.</p> <p>d. Assist site management in determining if an exposure incident occurred for each first aid/CPR incident involving blood or OPIM.</p> <p>e. Solicit information from employees to improve effective engineering and controls to protect them</p>
New Orleans Environmental	a. Approve a medical waste disposer and post to the SPR Qualified Disposers, Transporters, and Recyclers List.
Human Capital - Medical Services/Site Medical Services Focal Point	<p>a. Set up and coordinate the pre-exposure Hepatitis B Vaccination Program with licensed healthcare professionals. The licensed healthcare professional will provide the MOC contractor with:</p> <ol style="list-style-type: none"> 1. complete hepatitis vaccination series according to USPHS recommendations to all first aid/CPR responders, 2. medical records in accordance with this procedure, and 3. medical evaluation, collection, and testing of blood for HBV and HIV serological status; counseling; treatment for first aid/CPR responders following an exposure incident in accordance with this procedure. <p>b. Provide information to healthcare professionals in accordance with this procedure.</p> <p>c. Maintain the hepatitis B vaccination declination forms.</p> <p>d. Ensure the employee is notified of the dates of the second and third series of the vaccination shots.</p> <p>e. Maintain records as outlined in this procedure.</p>